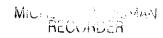


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SWORN STATEMENT & NOTICE OF INTENTION TO HOLD HOSPITAL LIEN

| TO: | KIMBERLY GREEN | |
|------------------------------|--|---|
| | KIMBERLY GREEN PT #06339459 & 50265916 | ATTORNEY: |
| | 1049 E. LYONS STREET | |
| | HAMMOND, IN 46320 | |
| | Recorder of Lake County, Indiana Lake County Government Center 2293 North Main Street Crown Point, Indiana 46307 | Indiana Department of Insurance 311 West Washington Street Suite 300 Indianapolis, IN 46204 |
| MacArt | c hereby notified that The Munster Medical Research hur Blvd., Munster, Indiana 46321, intends to hold a leatment, or maintenance of the above-listed patient as follows: | Foundation d/b/a The Community Hospital whose address is 901 nospital lien for all reasonable and necessary charges for hospital lows: |
| 1. | | 03/10 10/01/10 03/10 10/31/10 |
| 2. | The amount due for hospital care during the above tim | e period \$3,673.00 |
| ~. | THREE THOUSAND SIX HUNDRED SEVENTY THREE | |
| 3. | To the best of the Hospital's knowledge, the patient o individuals and/or entities are liable for damages arisin | the patient's legal representative claims that the following named g from the patient's illness or injury causing the hospital stay: |
| | STATE FARM | INSURANCE |
| | P.O. BOX 2362 BLOOMINGT CL #1400W12 | ON, IL 61702 |
| hospita individ Claima | l is located, within one hundred eighty (180) days after ual executing this instrument, having been duly sworn | 32-33-4 in the Office of the Recorder of the County in which the r the patient was discharged from the hospital. The undersigned upon his/her oath, under the penalties of perjury hereby states that d that the facts and matters set forth in the foregoing statement are |
| | E OF INDIANA) TY OF LAKE) SS: | |
| oath, sa | TA HACKER, being the collection clerk for the above native that the facts stated in the foregoing are true and corrable care to redact each Social Security number in this d | med, The Community Hospital, being duly sworn upon his/her ect. I affirm under the penalties for perjury, that I have taken ocument, unless requested by law. Christa Hacker, PFS Support |
| Subscri | ibed and sworn to before me a Notary Public this | <i>IST</i> Day of <i>DECEMBER</i> 20 <i>10</i> |
| | mmission Expires: <u>02/14/17</u> ng in Lake County, Indiana | LISA E. WARD, Notary Public |
| This in | strument was prepared by CHRISTA HACKER | |
| | | AMOUNT \$CHARGECHECK #CHARGE OVERAGE COPYNON-COM |